WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

WILLIAM KEOGH, ***Applicant***

vs.

CITY OF LOS ANGELES, ***Defendant***

Adjudication Number: ADJ9518215
Van Nuys District Office

OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

Defendant seeks reconsideration of the Findings and Award (F&A) dated February 18, 2026, wherein the workers' compensation arbitrator (WCA) found, in relevant part, that while employed on March 4, 2014 by defendant as a custodian, applicant sustained injury arising out of and occurring in the course of employment (AOE/COE) to the lumbar spine, cervical spine, bilateral shoulders, headaches, vertigo and dizziness, internal, heart, sleep, fibromyalgia, and sexual dysfunction resulting in 100% permanent disability without apportionment.

Defendant contends that the F&A should be amended to reflect the apportionment findings of rheumatology Agreed Medical Evaluator (AME), Seymour Levine, M.D. (Petition for Reconsideration (Petition), p. 6.) At the same time, defendant contends that Dr. Levine's permanent disability findings are not substantial medical evidence as he failed to reevaluate the applicant upon review of the sub rosa video footage and failed to reconcile said footage with his permanent disability findings. (*Id*. at pp. 7-8.)

We have received an Answer from applicant. The WCA prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the contents of the Petition, Answer, and Report, and we have reviewed the record in this matter. For the reasons discussed below, we will deny the Petition.

FACTS

On July 2, 2014, applicant filed an Application for Adjudication of Claim (Application) claiming that while employed by defendant as a custodian on March 4, 2014, he sustained injury AOE/COE to the shoulders, neck, arm, and nervous system (psyche).

On June 10, 2015, defendant filed a Petition to Dismiss for Lack of Jurisdiction Pursuant to Labor Code Section 3201.7 (Petition to Dismiss) alleging that the claim should be dismissed as it is subject to the Alternative Dispute Resolution (ADR) process. On the same date, the WCJ issued an Order of dismissal without prejudice.

Thereafter, the parties retained Satish Kadaba, M.D., as the orthopedic panel Qualified Medical Evaluator (PQME). He was replaced by Richard Rosenberg, M.D., who later retired and was replaced by current orthopedic AME, Domenick Sisto, M.D. The parties also retained internal PQME, Stuart Kramer, M.D., rheumatology AME, Dr. Levine, psyche PQME, Dmitriy Sherman, M.D., and neurology PQME, Natalia Ratiner, M.D. Applicant and defendant also retained Enrique Vega and Keith Wilkinson as their respective vocational rehabilitation experts.

In a report dated November 11, 2015, neurology PQME Dr. Ratiner opined that applicant sustained a 5% whole person impairment (WPI) under table 13-5 for his headaches as well as 10% WPI under table 11-4 for his dizzy spells and vertigo. (Joint Exhibit K, p. 25.) Dr. Ratiner apportioned 70% of applicant's impairment for dizziness and vertigo to preexisting vestibular problems and the remaining 30% to the subject injury. In a subsequent report dated April 4, 2018, Dr. Ratiner amended his findings to reflect 60% apportionment to preexisting vestibular disorder and 40% to the subject injury after additional medical records showed "severe aggravation" due to the subject injury. (Joint Exhibit M, p. 145.)

In a report dated March 18, 2016, psyche PQME Dr. Sherman opined that due to anxiety and depression, applicant sustained an 18% WPI to the psyche with 45% apportionment to non-industrial psyche issues and the remaining 55% to the subject injury. (Joint Exhibit J, pp. 141-142.)

In a report dated January 5, 2021, rheumatology AME, Dr. Levine, noted that due to applicant's chronic pain syndrome, which is complicated by orthopedic sequelae and failed neck and back syndromes, applicant should be considered "100% permanently and totally disabled." (Joint Exhibit O, p. 85-86.) Dr. Levine recommended referral to a vocational expert and noted that although fibromyalgia is not rated in the *AMA Guides*, "dissecting out the major symptoms" which

"interfere with activities of daily living" allows for rating. (*Id*. at p. 86.) He further opined that applicant sustained 15% WPI, based upon table 13-14, for his sleep and arousal disorder with 50% apportionment to non-industrial issues and the remaining 50% to the subject injury. (*Id*. at pp. 86-87.) Dr. Levine also noted that applicant was entitled to a 3% add-on for pain and 1% add-on for the effects of medication with 5% apportionment to preexisting degenerative conditions and the remaining 95% to the subject injury. (*Id*. at p. 87.)

Applicant's vocational expert, Mr. Vega, completed an evaluation of applicant on February 17, 2021 and concluded that applicant is 100% permanently and totally disabled from the labor market based upon his review of the medical records, vocational testing, and analysis of the labor market. (WCA Exhibit 2, February 17, 2021 report of Mr. Vega, pp. 1-2.)

Defense vocational expert, Mr. Wilkinson, also completed an evaluation of applicant. In a corresponding report dated June 16, 2022, he concluded that "[i]n consideration of the medical and vocational evidence presented," applicant "is so disabled by the permanent physical and rheumatological impairments caused by the injuries of [March 4, 2014] that he is not amenable to vocational rehabilitation" or "any of the return to work modalities customary recommended by vocational rehabilitation counselors and vocational experts" and is "incapable of participating in and sustaining part-time or full-time employment in the open labor market" and, as a result "meet[s] the criteria for total disability under LeBoeuf and Labor Code § 4660." (Defense Exhibit E, June 16, 2022 report of Mr. Wilkinson, p. 2.)

In his report dated August 29, 2022, internal PQME, Dr. Kramer, opined that applicant sustained 30% WPI under *Almaraz Guzman* due to "bouts of cardiac palpitations" resulting from atrial fibrillation and sleep disorder and an additional 10% WPI due to usage of the drug Eliquis which causes an increased risk of bleeding. (Joint Exhibit G, pp. 12-14.) He agreed with Dr. Levine that applicant was "permanent and totally disabled from a musculoskeletal/neurologic standpoint[.]" (*Id*. at p. 13.) Dr. Kramer noted that applicant's "atrial fibrillation arrhythmia was precipitated by the severe stress he has been under due to his intractable chronic pain state and secondary high anxiety level, coupled with stress emanating from his pain and anxiety-caused sleep deprivation." (*Ibid*.)

Arbitration was scheduled for May 18, 2023 with WCA, Mark Kahn. Issues set for determination included body parts injured; permanent and stationary date; permanent disability;

further medical treatment; liability for self-procured medical treatment; the lien of Giovani Dal Ponte; attorney's fees; and need for further discovery.

On July 12, 2023 and July 28, 2023, the matter proceeded to further arbitration. The WCA ordered additional discovery, including final reports from the vocational experts.

In a report dated April 15, 2024, Dr. Kramer noted that review of additional medical records and sub rosa video footage did not change his opinions.

On June 10, 2024, Dr. Levine was deposed by the parties and testified, in relevant part, as follows regarding the sub rosa video footage:

> Because patients that have chronic pain tend to try to tell you the worse [sic] whenever they get the opportunity. It doesn't mean this man is totally paralyzed or cannot do things at sometimes, other times he cannot do things. I pointed it out in the sub rosa videos. When patients like this feel better, they're going to venture out into the world. And they may be unrecognizable as to having any difficulties, because what you see on a sub rosa video cannot capture the subjective complaints, as I pointed out. And a great deal of the time they may not feel so good and not wander out of the house and not be able to do the things that they want to remind you about that they cannot do.

(Joint Exhibit T, p. 37:7-20.)

When questioned about provision of the sub rosa video footage and arbitration transcript for further review, Dr. Levine testified that:

> I have to say one thing. These are not new. The video is not new. It's something I've reported on. The arbitration proceedings I reported on.

(*Id*. at p. 38:23-25.)

In his report dated March 7, 2024, Dr. Sisto opined that applicant sustained a 28% WPI to the cervical spine and 23% WPI to the lumbar spine under the DRE method and 5% WPI to the right shoulder due to strength deficits. (Joint Exhibit U, p. 227.) Non-industrial apportionment was not indicated. In terms of work restrictions, Dr. Sisto opined that "applicant will be precluded from substantial work (75% loss of pre-injury capacity of a maintenance worker)." (*Id*. at p. 228.) He recommended "applying the 75% reduction in frequency of work activities and lifting/carrying requirements from a formal job analysis." (*Ibid*.)

On July 29, 2024, Dr. Sisto was deposed by the parties and testified that if "fibromyalgia is present and there is impairment secondary to impairment, I would defer to the expertise of a rheumatologist." (*Id*. at pp. 13:23-14:10.) He made no changes to his opinions regarding

recommended work restrictions but noted that he would "defer to a vocational rehabilitation specialist for more of a detailed summary[.]" (*Id*. at p. 16:9-13.)

On December 16, 2024, defense vocational expert, Mr. Wilkinson, issued a supplemental report. Upon review of the additional medical records, deposition transcripts, and sub rosa video footage, he concluded that "[i]f the trier-of-fact determines that Dr. Levine's reporting is more persuasive, the opinions presented in [his] June 16, 2022 report would remain applicable" but "if the trier-of-fact determines that Dr. Sisto's reporting is more persuasive, then, based on a comprehensive review of the medical and vocational evidence presented," "it is more likely than not that [applicant's] permanent disabilities resulting from the injuries sustained on [March 4, 2014] do not sufficiently preclude [applicant] from participating in vocational rehabilitation" and he would be "deemed suitable for any of the return-to-work modalities typically recommended by vocational rehabilitation counselors and forensic vocational experts" and "capable of participating in and sustaining part-time or full-time employment in the open labor market" and would therefore "not meet the criteria for total disability under LeBoeuf and Labor Code § 4660." (Defense Exhibit E, December 16, 2024 report of Mr. Wilkinson, pp. 2-3.)

On December 24, 2024, applicant's vocational expert, Mr. Vega, also issued a supplemental report (dated November 22, 2024) upon review of said additional medical records, deposition transcripts, and sub rosa video footage. He found no reason to change his opinions. (WCA Exhibit 2, November 22, 2024 report of Mr. Vega, p. 14.)

On March 5, 2025, the matter returned to arbitration with WCA Kahn wherein additional exhibits were admitted. The WCA noted that parties had until April 4, 2025 to submit their arbitration briefs, at which point the matter would stand submitted.

On June 4, 2025, a further conference was held with the WCA regarding a request by defendant for a supplemental report from Dr. Levine. The WCA ordered that the request be withdrawn and issued his own request to Dr. Levine along with provision of updated records including reporting from Dr. Sisto and a transcript of Dr. Sisto's deposition. The WCA also ordered that Dr. Levine's report be admitted into the record upon receipt.

Thereafter, Dr. Levine issued a supplemental report dated July 5, 2025, wherein he disagreed with the opinions of Mr. Wilkinson and underscored that applicant's "pain and chronic fatigue" and multiple surgeries created "a negative impact on his ability to participate in the open labor market" thereby preventing applicant from working in any capacity. (Joint Exhibit V, p. 21.)

He underscored that the sub rosa video footage did not impact his opinions as said footage was "generate[d] on a day that such a patient would be feeling better, and which could not capture the subjective findings of fibromyalgia that would serve to totally disable this patient." (*Ibid*.)

On February 18, 2026, the WCA issued an F&A, wherein he found, in relevant part, that applicant, while employed on March 4, 2014 by defendant as a custodian, sustained injury AOE/COE resulting in 100% permanent disability.[1]

It is from this F&A that defendant seeks reconsideration.

DISCUSSION

I.

Preliminarily, former Labor Code section 5909[2] provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part that:

> (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.
>
> (b)
>
> (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
>
> (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected under the Events tab in the Electronic Adjudication Management System (EAMS). Specifically, in Case

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[1] We note that the issue of liability for self-procured medical treatment, including home healthcare, was listed as an issue for arbitration. (See Arbitration Transcript of May 18, 2023, p. 8.) Finding # 14 in the February 18, 2026 F&A holds that "this issue should be deferred, adjusted between the parties" and "if the parties cannot reach an agreement following finality of the case-in-chief, the Arbitrator retains jurisdiction over this dispute, and the parties can request a new arbitration date on this issue." It was not made explicitly clear in Finding # 14 that the issue being referenced was liability for self-procured medical treatment, including home healthcare. As such, the parties are reminded that, as appropriate, further arbitration proceedings may be sought on this issue.

[2] Unless otherwise stated, all further statutory references are to the Labor Code.

Events, under Event Description is the phrase "Sent to Recon" and under Additional Information is the phrase "The case is sent to the Recon board."

Here, according to Events, the case was transmitted to the Appeals Board on April 3, 2026, and 60 days from the date of transmission is June 2, 2026. This decision was issued by or on June 2, 2026, so that we have timely acted on the petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall constitute notice of transmission.

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on March 20, 2026 and the case was transmitted to the Appeals Board on April 3, 2026. Service of the Report and transmission of the case to the Appeals Board did not occur on the same day. Thus, we conclude that service of the Report did not provide accurate notice of transmission under section 5909(b)(2) because service of the Report did not provide actual notice to the parties as to the commencement of the 60-day period on March 20, 2026.

However, a notice of transmission was served by the district office on April 3, 2026, which is the same day as the transmission of the case to the Appeals Board on April 3, 2026. Thus, we conclude that the parties were provided with the notice of transmission required by section 5909(b)(1), and consequently they had actual notice as to the commencement of the 60-day period on April 3, 2026.

II.

Turning now to the merits of the Petition, it is well established that the burden of proof rests upon the party holding the affirmative of the issue. (Lab. Code, § 5705.) As such, when an employee claims injury AOE/COE, it is the employee (or the lien claimant) who carries the burden of proof in establishing industrial causation and they must show that the employment was a contributing cause. (*South Coast Framing v. Workers' Comp. Appeals Bd.* (*Clark*) (2015) 61 Cal.4th 291, 297- 298, 302; Lab. Code, §§ 5705; 3600.) Pursuant to section 3202.5, the evidentiary

burden of proof is to be met by a preponderance of the evidence. However, "[t]hat burden manifestly does not require the applicant to prove causation by scientific certainty." (*Rosas v. Worker's Comp. Appeals Bd.* (1993) 16 Cal.App.4th 1692, 1701 [58 Cal.Comp.Cases 313].)

Further, substantial medical evidence is used to establish industrial causation. "The term 'substantial evidence' means evidence which, if true, has probative force on the issues. It is more than a mere scintilla, and means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion…It must be reasonable in nature, credible, and of solid value." (*Braewood Convalescent Hospital v. Workers' Comp. Appeals Bd.* (*Bolton*) (1983) 34 Cal.3d 159, 164 [48 Cal.Comp.Cases 566], emphasis removed and citations omitted.) Pursuant to *E.L. Yeager v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th922, 928 [71 Cal.Comp.Cases 1687], "[a] medical opinion is not substantial evidence if it is based on facts no longer germane, on inadequate medical histories or examinations, on incorrect legal theories, or on surmise, speculation, conjecture, or guess. (citations.) Further, a medical report is not substantial evidence unless it sets forth the reasoning behind the physician's opinion, not merely his or her conclusions. (citation.)" "A medical report which lacks a relevant factual basis cannot rise to a higher level than its own inadequate premises. Such reports do not constitute substantial evidence to support a denial of benefits. (citation.)" (*Kyle v. Workers' Comp. Appeals Bd* (*City and County of San Francisco*) (1987) 195 Cal.App.3d 614, 621.)

With respect to the issue of apportionment, it is well established that defendant carries the burden of proof. (Lab. Code, § 5705; *Pullman Kellogg v. Workers' Comp. Appeals Bd.* (*Normand*) (1980) 26 Cal.3d 450, 456 [45 Cal.Comp.Cases 170]; *Kopping v. Workers' Comp. Appeals Bd.* (2006) 142 Cal.App.4th 1099, 1115 [71 Cal.Comp.Cases 1229]; *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 613 (Appeals Bd. en banc).) To meet this burden, defendant "must demonstrate that, based upon reasonable medical probability, there is a legal basis for apportionment." (*Gay v. Workers' Comp. Appeals Bd.* (1979) 96 Cal.App.3d 555, 564 [44 Cal.Comp.Cases 817]; see also *Escobedo*, *supra*, at p. 620.) Ultimately, however, "[a]pportionment is a factual matter for the appeals board to determine based upon all the evidence[,]" and the WCJ has the authority to determine the appropriate amount of apportionment, if any. (*Gay*, *supra*, at p. 564.) As noted above, however, any decision issued by a WCJ must be based upon substantial evidence. (Lab. Code, §§ 5903, 5952, subd. (d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals*

Bd. (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workers' Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].)

In *Escobedo*, the Appeals Board outlined the following requirements for substantial evidence on the issue of apportionment:

> "[I]n the context of apportionment determinations, the medical opinion must disclose familiarity with the concepts of apportionment, describe in detail the exact nature of the apportionable disability, and set forth the basis for the opinion, so that the Board can determine whether the physician is properly apportioning under correct legal principles. (citations.)
>
> Thus, to be substantial evidence on the issue of the approximate percentages of permanent disability due to the direct results of the injury and the approximate percentage of permanent disability due to other factors, a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions."

(*Escobedo*, *supra*, at p. 621.)

Notwithstanding the foregoing, vocational evidence may be used to address issues relevant to the determination of permanent disability. While the Permanent Disability Rating Schedule (PDRS) is presumptively correct (see *Milpitas Unified School Dist. v. Workers' Comp. Appeals Bd.* (2010) 187 Cal.App.4th 808, 826 [75 Cal.Comp.Cases 837]), "a rating obtained pursuant to the PDRS may be rebutted by showing an applicant's diminished future earning capacity is greater than that reflected in the PDRS." (*Nunes v. State of California, Dept. of Motor Vehicles* (*Nunes I*) (2023) 88 Cal.Comp.Cases 741, 749 (Appeals Bd. en banc).) Among the methods described for challenging a rating obtained under the PDRS is establishing that "the injury to the employee impairs his or her rehabilitation, and for that reason, the employee's diminished future earning capacity is greater than reflected in the employee's scheduled rating." (*Ogilvie v. Workers' Comp. Appeals Bd.* (2011) 197 Cal.App.4th 1262, 1274 [76 Cal.Comp.Cases 624].) Our opinion in *Nunes I* made clear that "[t]he same considerations used to evaluate whether a medical expert's opinion constitutes substantial evidence are equally applicable to vocational reporting … [i]n order to constitute substantial evidence, a vocational expert's opinion must detail the history and evidence in support of its conclusions, as well as 'how and why' any specific condition or factor is causing permanent disability." (*Nunes I*, *supra*, at p. 751.)

Here, applicant's vocational expert, Mr. Vega, completed an evaluation of applicant on February 17, 2021, and concluded that applicant is 100% permanently and totally disabled from the labor market based upon vocational testing, analysis of the labor market, and review of medical records. (WCA Exhibit 2, p. 13.) Based upon our review of the record, including the reports of Mr. Vega, we find Mr. Vega's opinions to be based upon substantial evidence. Mr. Vega completed a full assessment of applicant and the labor market, took a detailed history, and provided evidence and reasoning in support of his conclusions. (Arbitration Exhibit 2, February 17, 2021 report of Mr. Vega, pp. 1-2; November 22, 2024 report of Mr. Vega, p. 10.) Further, the totality of the record supports the opinions of Dr. Vega, including reporting by the rheumatology AME, Dr. Levine, and internal PQME, Dr. Kramer.

Defendant contends that the WCA should take into consideration the apportionment findings of Dr. Levine and, also, find that further discovery is necessary as Dr. Levine's permanent disability findings are lacking in substantial medical evidence as he failed to reevaluate the applicant upon review of the sub rosa video footage and failed to reconcile said footage with his permanent disability findings. (Petition, pp. 6-8.)

Defendant's arguments, however, miss the point. Applicant has already successfully rebutted the PDRS through Mr. Vega's reporting. Further, Mr. Vega has properly considered Mr. Levine's findings on apportionment. (WCA Exhibit 2, February 17, 2021 report of Mr. Vega, p. 2.) It is well established that vocational experts must consider valid medical apportionment found by the reporting physicians. This is confirmed in *Nunes I*, wherein we held that vocational evidence must address apportionment, but such evidence "may not substitute impermissible 'vocational apportionment' in place of otherwise valid medical apportionment." (*Nunes I*, *supra*, at p. 756.) An analysis of whether there are valid sources of apportionment is still required, even when applicant is deemed not feasible for vocational retraining and is permanently and totally disabled as a result. (*Ibid*.) In such cases, the WCJ must determine whether the cause of the permanent and total disability includes nonindustrial or prior industrial factors, or whether the permanent disability reflected in applicant's inability to meaningfully participate in vocational retraining arises solely out of the current industrial injury. (*Ibid*.) We subsequently re-affirmed these principles in *Nunes v. State of California, Dept. of Motor Vehicles* (*Nunes II*) (2023) 88 Cal.Comp.Cases 894 (Appeals Bd. en banc).

Further, with respect to the issue of the sub rosa video footage, both Mr. Vega and Dr. Levine have already reviewed said footage and provided their opinions. On December 24, 2024, despite review of the six-minutes of footage, Mr. Vega issued a supplemental report (dated November 22, 2024) concluding that there was no reason to change his opinions. (WCA Exhibit 2, November 22, 2024 report of Mr. Vega, p. 14.) Further, during his June 10, 2024 deposition, and in his supplemental report dated July 5, 2025, Dr. Levine similarly concluded that he would not change his opinions. Per Dr. Levine, applicant's "pain and chronic fatigue" and multiple surgeries created "a negative impact on his ability to participate in the open labor market" thereby preventing him from working in any capacity and said footage was "generate[d] on a day that such a patient would be feeling better, and which could not capture the subjective findings of fibromyalgia that would serve to totally disable this patient." (Joint Exhibit V, p. 21.)

Accordingly, defendant's Petition is denied.

For the foregoing reasons,

IT IS ORDERED that defendant's Petition for Reconsideration of the WCA's Findings and Award dated February 18, 2026 is **DENIED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSEPH V. CAPURRO, COMMISSIONER

I CONCUR,

/s/ PAUL F. KELLY, COMMISSIONER

ANNE SCHMITZ, DEPUTY COMMISSIONER
CONCURRING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

JUNE 2, 2026

SERVICE MADE ON THE ABOVE DATE ON THE PERSONS LISTED BELOW AT THEIR ADDRESSES SHOWN ON THE CURRENT OFFICIAL ADDRESS RECORD.

WILLIAM KEOGH
LAW FIRM OF ROWEN, GURVEY & WIN
OFFICE OF THE CITY ATTORNEY

RL/*cs*

I certify that I affixed the official seal of the Workers' Compensation Appeals Board to this original decision on this date.
CS